Upcoming Waiver Period -- Please describe the service-related requirements for the upcoming two year period.

1._ X__ The Medicaid services MCOs/PIHPs/PAHPs will be responsible for delivering, prescribing, or referring to are listed in the chart below. The purpose of the chart is to show which of the services in the State's state plan are or are not in the MCO/PIHP/PAHP contract; which non-covered services are impacted by the MCO/PIHP/PAHP (i.e. for calculating cost effectiveness; see Appendix D.III); and which new non-state plan services are available only through the MCO/PIHP/PAHP under a 1915(b)(3) waiver. When filling out the chart, please do the following:

(Column 1 Explanation) Services: The list of services below is provided as *an example only. States should modify the list to include:*

-- all services available in the State's State Plan, regardless of whether they will be included or excluded under the waiver
-- subset(s) of state plan amendment services which will be carved out, if applicable; for example, list mental health separately if it will be carved out of physician and hospital services
-- services not covered by the state plan (note: only add these to the list if this is a 1915(b)(3) waiver, which uses cost savings to provide additional services)

(Column 2 Explanation) State Plan Approved: Check this column if this is a Medicaid State Plan approved service. This information is needed because only Medicaid State Plan approved services can be included in cost effectiveness. For 1915(b)(3) waivers it will also distinguish existing Medicaid versus new services available under the waiver.

(Column 3 Explanation) 1915(b)(3) waiver services: If a covered service is not a Medicaid State Plan approved service, check this column. Marking this column will distinguish new services available under the waiver versus existing Medicaid service.

(Column 4 Explanation) MCO/PIHP/PAHP Capitated Reimbursement: Check this column if this service will be included in the capitation or other reimbursement to the MCO/PIHP/PAHP. All services checked in this column should be marked in Appendix D.III in the "Capitated Reimbursement" column.

(Column 5 Explanation) Fee-for-Service Reimbursement: Check this column if this service will NOT be the responsibility of the MCO/PIHP/PAHP, i.e. not included in the reimbursement paid to the MCO/PIHP/PAHP. However, do not include services impacted by the MCO/PIHP/PAHP (see column 6).

(Column 6 Explanation) Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP: Check this column if the service is not the responsibility of the MCO/PIHP/PAHP, but is impacted by it. For example, if the MCO/PIHP/PAHP is responsible for physician services but the State pays for pharmacy on a FFS basis, the MCO/PIHP/PAHP will impact pharmacy use because access to drugs requires a physician prescription. All services checked in this column should appear in Appendix D.III (in "Fee-For-Service Reimbursement" column). Do not include services NOT impacted by the MCO/PIHP/PAHP (see column 5).

Service (1)	State Plan Approved (2)	1915(b)(3) waiver services (3)	MCO/PIHP/ PAHP Capitated Reimburse -ment (4)	Fee-for-Service Reimburse -ment (5)	Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP (6)
Day Treatment Services					
Dental	**X**		**X**		
Detoxification	**X(5)**		**X**	**X**	
Developmental Disabilities Services (please explain)					
Durable Medical Equipment	**X**		**X**		
Education Agency Services					
Emergency	**X**		**X**		

Service (1)	State Plan Approved (2)	1915(b)(3) waiver services (3)	MCO/PIHP/ PAHP Capitated Reimburse -ment (4)	Fee-for-Service Reimburse -ment (5)	Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP (6)
Services					
EPSDT	**X**		**X**		
Family Planning Services	**X**		**X**		
Federally Qualified Health Center Services	**X**		**X**		
Home Health	**X**		**X**		
Hospice	**X (6)**		**X**		
Inpatient Hospital - Psych	**X (7)**		**X**		
Inpatient Hospital - Other	**X**		**X**		
Immunizations	**X**		**X**		
Lab and x-ray	**X**		**X**		
Mental Health Services (Please specify)	**X (8)**		**X**	**X**	
Nurse midwife	**X**		**X**		
Nurse practitioner	**X**		**X**		
Nursing Facility	**X (9)**		**X**		
Obstetrical services	**X**		**X**		
Occupational therapy	**X**		**X**		

Service (1)	State Plan Approved (2)	1915(b)(3) waiver services (3)	MCO/PIHP/ PAHP Capitated Reimburse -ment (4)	Fee-for-Service Reimburse -ment (5)	Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP (6)
Other fee-for-service services	NA				
Other Outpatient Services -- Please Specify:	X(10)		X		
Other Psych Practitioner	X		X		
Outpatient Hospital - All Other	X		X		
Outpatient Hospital - Lab & X-ray	X		X		
Partial Hospitalization					
Personal Care					
Pharmacy	X		X		
Physical Therapy	X		X		
Physician	X		X		
Private duty nursing	X		X		
Prof. & Clinic and other Lab and X-ray	X		X		
Psychologist*	X		X		
Rehabilitation Treatment	X		X		

Service (1)	State Plan Approved (2)	1915(b)(3) waiver services (3)	MCO/PIHP/ PAHP Capitated Reimburse -ment (4)	Fee-for-Service Reimburse -ment (5)	Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP (6)
Services					
Respiratory care	**X**		**X**		
Rural Health Clinic	**X**		**X**		
Speech Therapy	**X**		**X**		
Substance Abuse Treatment Services	**X(11)**		**X**	**X**	
Testing for sexually transmitted diseases (STDs)	**X**		**X**		
Transportation - Emergency	**X**		**X**		
Transportation - Non-emergency	**X(12)**		**X(13)**	**X**	
Vision Exams and Glasses	**X**		**X**		
Chiopractic*	**X**		**X**		
Podiatry	**X**		**X**		
Other -- Please specify					

***<u>Please Note: ODJFS is eliminating fee-for-service reimbursement for chiropractic and independent psychologist services provided to adults (age 21 and over), effective January 1, 2004. MCOs are no longer required to cover these two services, as specified, effective January 1, 2004.</u>**

(5) MCOs are responsible for ensuring that enrollees receive any medically-necessary inpatient detoxification services.

(6) Hospice care services provided by Medicare-certified hospices are provided to covered persons by participating health plans to the extent such services are covered by Ohio Medicaid.

(7) MCOs are responsible for ensuring that enrollees receive any medically-necessary mental health services, including psychiatric hospitalizations in general hospitals, and for coordinating those services with all other medical and support services.

(8) In addition to number 7, MCOs are responsible for ensuring that enrollees have access to physician/psychiatrist services, psychology services, general hospital psychiatric outpatient services, and outpatient clinic services. MCOs must advise enrollees via the member handbook of the ability to self-refer to mental services offered through community mental health centers (CMHCs). The community Medicaid-covered services include group and individual counseling and psychotherapy, medication/somatic treatment services, pre-hospitalization, community support programs, and inpatient psychiatric care in free-standing psychiatric hospitals (for persons under 22 and 65 and older). MCOs must provide covered prescription drugs prescribed by a CMHC provider when obtained from an MCO network pharmacy.

(9) MCO enrollees who are found to meet the criteria for either a skilled or intermediate level of care and are then placed in a NF will be disenrolled from the MCO effective on the last day of the month prior to placement. Enrollees will not be eligible for such disenrollment if they are only placed in a NF for a short-term rehabilitative stay.

(10) Ambulatory Surgical Centers

(11) MCOs are responsible for ensuring that enrollees have access to any medically necessary substance abuse services and for coordinating these services with all other medical and support services. Where an MCO is responsible for providing substance abuse services for their members, the MCO is responsible for ensuring access to alcohol and other drug

urinalysis screening, assessment, counseling, physician/psychologist/psychiatrist alcohol and other drug treatment services, outpatient clinic alcohol and other drug treatment services, general hospital outpatient alcohol and other drug treatment services, crisis intervention, inpatient detoxification services in a general hospital, and Medicaid-covered prescription drugs and laboratory services. MCOs are not required to cover outpatient detoxification and methadone maintenance.

MCOs must advise enrollees via a member handbook of the ability to self-refer to substance abuse services offered through programs certified by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) which are Medicaid providers.

(12) Ambulette and ambulance services.

(13) MCOs pay for ambulette and ambulance services, but are not required to pay for ambulatory, non-emergency services, such as cab, bus, etc. However, if an MCO exercises the option to meet the minimum provider requirement by contracting with a provider in an alternate area, the MCO must provide transportation to enrollees on an as needed basis if such providers are located 30 miles or more from the major eligible population center in the contract county.

2. **Emergency Services (Required)**. The State must ensure enrollees in MCOs/PIHPs/PAHPs have access to emergency services without prior authorization even if the emergency provider does not have a contractual relationship with the entity. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii)